

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

Reduction to Primary Care Provider Increased Payments (SPA 17-AC)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Changes to Medicaid State Plan

Effective on or after August 11, 2017, SPA 17-AC will amend Attachment 4.19-B of the Medicaid State Plan to reimburse at 90% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program. These payments apply to specific primary care services described in the Medicaid State Plan and as identified in Provider Bulletin 2014-75 and which can be accessed by going to <http://www.ctdssmap.com>; go to “Information,” then to “Publications”.

This SPA is necessary in order to implement the reimbursement methodology update specified in the Governor’s Executive Order Resource Allocation Plan that implements Governor Malloy’s Executive Order No. 58, which authorizes state expenditures for state fiscal year 2018 in the absence of an appropriations act enacted by the General Assembly. This SPA represents a reduction in reimbursement from the methodology currently in effect, which reimburses at 100% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program.

Pursuant to federal regulations at 42 C.F.R. § 447.205, public notice is required at this time. Accordingly, this public notice reflects proposed changes that are required in accordance with the Governor’s Executive Order Resource Allocation Plan. However, this SPA is subject to change based on the terms of a final state budget that is scheduled to be adopted in an upcoming special legislative session.

Fiscal Impact

Based on available information, DSS estimates that this SPA will decrease annual aggregate Medicaid expenditures by approximately \$14.4 million in state fiscal year (SFY) 2018 and \$18.5 million in SFY 2019.

Compliance with Federal Access Regulations

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced or where payment rates or methodologies are being restructured

in a manner that may affect access to services. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to primary care services as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates.” The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 17-AC – Reduction to Primary Care Provider Increased Payments”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than August 10, 2017.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

(d) Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program

Physician's Services – Amount of Minimum Payment – Increased Primary Care Service Payment

The state reimburses for services provided by physicians meeting the provisions set forth in 42 C.F.R. § 447.400(a) and nurse practitioners who practice primary care and whose Medicaid billed codes for the prior calendar year (or if a newly enrolled provider, the prior calendar month) are comprised of at least 60% of the codes eligible for increased payment under this section and also physician assistants and certified nurse midwives who maintain valid attestations that their services are rendered under the personal supervision of an eligible physician who also maintains a valid attestation at 90% of the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar year 2014 using the calendar year 2009 Medicare physician fee schedule conversion factor. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- ☒ The rates reflect all Medicare site of service and locality adjustments.
- ☐ The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting. Connecticut has only one Medicare GPCI.
- ☐ The rates reflect all Medicare geographic/locality adjustments.
- ☐ The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: _____

Method of Payment

- ☒ The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

TN # 17-AD
Supersedes
TN # 15-035

Approval Date _____

Effective Date 08-11-2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

☐ The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 C.F.R. § 447.405.

Supplemental payment is made: ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

Primary Care Services Affected by this Payment Methodology

☒ This payment applies to the following Evaluation and Management (E&M) billing codes 99201-99215, 99304 – 99310, 99315 – 99316, 99318, 99324 – 99328, 99334 – 99337, 99339, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99406 – 99407, 99408 – 99409, 99411 – 99412.

☒ The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes): 99224, 99225, 99226, 99288, 99340, 99358, 99359, 99360, 99366, 99367, 99368, 99375, 99378, 99429, 99441, 99442, 99443, 99444, 99485, 99486, 99487, 99488, 99489, 99495, 99496 and 99499.

☒ The state will also make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added): CPT code 90460 was added to the physician fee schedule effective January 1, 2011 (see also below).

Physician Services – Vaccine Administration

The state reimburses vaccine administration services furnished by physicians meeting the provisions set forth in 42 C.F.R. § 447.400(a) and nurse practitioners who practice primary care and whose Medicaid billed codes for the prior calendar year (or if a newly enrolled provider, the prior calendar month) are comprised of at least 60% of the codes eligible for increased payment under this section and also physician assistants and certified nurse midwives who maintain valid attestations that their services are rendered under the personal supervision of an eligible physician who also maintains a valid attestation at the state regional maximum administration fee set by the Vaccines for Children (VFC) program.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

Effective Date of Payment

E & M Physicians' and Nurse Practitioner's Services: This reimbursement methodology applies to services delivered on and after August 11, 2017. All rates are published at the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Vaccine Administration: This reimbursement methodology applies to services delivered on and after August 11, 2017. All rates are published at the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 48 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-18

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